

Case Number:	CM14-0204227		
Date Assigned:	12/16/2014	Date of Injury:	01/07/2013
Decision Date:	02/11/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee, who has a filed a claim for chronic low back pain and hip pain with derivative complaints of psychological stress reportedly associated with an industrial injury of January 7, 2013. In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve a request for functional capacity evaluation. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. In a May 20, 2014 progress note, the applicant was given a rather proscriptive 15-pound lifting limitation owing to ongoing complaints of low back pain and hip pain. Neurontin and several topical compounded medications were endorsed. In an August 12, 2014 progress note, the applicant reported persistent complaints of low back and left elbow pain. The applicant was status post a sacroiliac joint injection, it was stated. Lumbar MRI imaging of April 12, 2014, was potentially unremarkable. The applicant did receive a sacroiliac joint injection on August 11, 2014. In a medical-legal evaluation dated August 14, 2014, the medical-legal evaluator noted that the applicant was apparently working with limitations in place at TCI Tire Center. The applicant was working on a full-time basis with restrictions in place, it was suggested. On September 2, 2014, the applicant was given refills of Ambien, Protonix, and Naprosyn. A 15-pound lifting limitation was again endorsed for ongoing complaints of low back and hip pain, moderate-to-severe.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations and Consultations and Official Disability Guidelines, Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does note that a functional capacity evaluation can be considered when necessary to translate medical impairment into functional limitations and to determine work capability, in this case, the applicant's medical-legal evaluator already suggested imposition of permanent prophylactic limitations as of a medical-legal report dated August 14, 2014, referenced above. The applicant was/is apparently working with said limitations in place, the medical-legal evaluator noted. It is not clear why a functional capacity evaluation is needed to formally quantify the applicant's abilities and capabilities in the face of the applicant's already-successful return to work and in the face of the imposition of permanent prophylactic work restrictions imposed by a medical-legal evaluator. Therefore, the request is not medically necessary.